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CONFIRMATION NO. 9183

Bib Data Sheet

SERIAL NUMBER 10/625,424	FILING OR 371(c) DATE 07/23/2003 RULE	CLASS 436	GROUP ART UNIT 1743	ATTORNEY DOCKET NO. 85504D-W
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/17/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Initials PSH			
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials PSH			

ADDRESS

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TITLE

Colorable microspheres for DNA and protein microarray

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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